

Testimony in SUPPORT of HB 5430: “An Act Concerning Opioids”

Dear Members of the Public Health Committee of Connecticut General Assembly:

My name is Zina Huxley-Reicher, and I am a resident of New Haven. I am currently a second year resident physician in Internal Medicine at Yale New Haven Hospital.

I stand in support of *H.B. 5430: An Act Concerning Opioids* and offer additional suggestions to improve the bill. I thank members of the Public Health Committee for introducing this bill and I strongly support several important provisions in this bill that will save lives in CT, including the legalization of fentanyl test strips, enabling mobile methadone distribution, continuing the federal waiver for the expansion of methadone access to allow for an increased number of take-home doses, encouraging cooperation and data sharing between state agencies, and eliminating unnecessary requirements for certifying pharmacists who dispense naloxone, pursuant to a standing order.

In my practice I care for people who are touched by opioid use every day. The proposals in H.B. 5430 have the potential to positively impact my patients. A particular patient comes to mind when thinking about this legislation - a gentleman I am the primary care physician for who has been struggling with opioid use disorder for decades. He has experienced countless hospitalizations, interactions with law enforcement, various episodes of treatment and treatment programs all as a result of his use disorder. One of the biggest things that he struggles with is his relative social isolation, and the fact that when he does return to use he experiences so much shame around it he is driven to hide it and use alone without others. He has had hepatitis C, multiple skin and soft tissue infections and has an unfortunately negative relationship with the healthcare system.

As mentioned above, I am in support of H.B. 5430 first and foremost for my patient mentioned above and I want to suggest two additional proposals that I believe should be included in the bill to better address the needs of all of my patients.

1. A provision to allow for the creation of Overdose Prevention Centers.

Overdose prevention centers (or supervised injection facilities) are a key piece of addressing the opioid overdose epidemic. Overdose prevention centers provide a controlled setting for people to use pre-obtained substances in the presence of trained professionals who can assist in the event of a medical emergency, such as an overdose. They are often embedded in larger organizations with greater wrap around services. They have been in place for decades in other countries, there are 100s of sites in over 65 cities - including INSITE in Vancouver. OPCs worldwide have shown great success and positive impact on their communities and surrounding areas – they have been shown to decrease overdose deaths, decrease preventable infectious diseases, decrease the utilization of the emergency department, increase access to healthcare services, including medications for opioid use disorders, and increase access to sterile supplies for substance use. In 2021, New York City opened the first two Overdose Prevention Centers with incredible success. In their first three months since the opening in November 2021, 169 overdoses had been reversed and over 50,000 syringes have been diverted from being disposed of on the streets of NYC. There is currently NYS legislation – the Safer Consumptions Act (S603/A224) – under review that would expand these OPCs state wide. This legislation and these two initial OPCs – along with our many international colleagues – provide a clear roadmap and path to bring this lifesaving tool to Connecticut.

I acknowledge that passing this bill may create a large amount of coordination between different state agencies to allow for such a space to exist in CT; however, this is a critical patient safety issue that we must not overlook. While it requires the acknowledgement and approval of use of illicit substances, it is crucial in addressing the countless unnecessary deaths from opioid overdoses that our state has experienced and will allow for citizens of Connecticut to remain safe and increase access to other care that people need.

2. **A provision to guarantee equitable access in short-term rehab (STR) and skilled nursing facility (SNF) placement for hospitalized patients prescribed methadone and buprenorphine**

Currently patients face real discrimination when it comes to placement in post-hospital care at short term rehab and skilled nursing facilities in CT. As a healthcare provider, I see this daily when I care for patients in the hospital. Our patients on both methadone and buprenorphine are consistently rejected from all of the STRs and SNFs that our care coordinators reach out to. Often they are told that if they taper off of these medications they would be able to get a bed at one of these facilities. This is unacceptable – these are lifesaving medications. Just as a SNF or STR would never ask us to change a patient's anticoagulation or hypertension medication they cannot and should not be dictating the medical care that patients are receiving in order to access a bed at a treatment facility. This is an ADA violation and one that has been prosecuted in Massachusetts resulting in the settlement with multiple STR and SNF providers in that state. I ask the committee to consider adding a provision to require that STR and SNF facilities be able to provide these lifesaving medications, helping to **ensure** that patients get equitable access to these important healthcare facilities. Not only is this important for patient safety and health, it impacts tremendously the strain on our healthcare system and the cost of care. Patients on methadone and suboxone often end up waiting days to weeks beyond when they are medically ready for discharge as a result of this practice. A patient who I cared for on the cardiology service had been medically ready for discharge for weeks before I started on his care team. Unfortunately, he was unable to initially return home due to the amount of stairs up to his apartment and so required discharge to a STR for further rehabilitation to get him home safely. He was on a stable dose of suboxone for both chronic pain and an opioid use disorder in the setting of his chronic pain and as a result no STR would accept him. Ultimately, we ended up discharging this patient home after an additional extra month in the hospital as he had done enough rehabilitation there to safely return home. This is a horrible example of discrimination, stigma and an incredible waste of our healthcare system's resources.

I do recognize that this may require litigation and case brought against these facilities for violation of the ADA but I believe that progress could be made if requirements were made by this bill to ensure that all STR and SNFs had to be able to provide methadone and buprenorphine. This step would allow patients to have better access to the appropriate level of care and would help to decrease stigma as well as reduce the burden on hospitals and the already overburdened healthcare system.

Lastly, I would ask that some of the **wording** in the bill be adjusted – the terms substance abuse and abuse is used throughout the language of the bill. This term is stigmatizing and is not the term that is used in the public health, medical or scientific literature. The terms use and substance use disorder should instead be used.

I support H.B 5430 and I ask the committee to support and pass this legislation and consider my above proposals. I unfortunately will not be able to attend the session itself due to a work conflict but I would be happy to discuss any of the above with the committee at a future time – I have included my email below.

Thank you,

Zina Huxley-Reicher, MD
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References:

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